



COUNTY OF LOS ANGELES
DEPARTMENT OF ANIMAL CARE AND CONTROL



Report of Microchip Information

OWNER/CUSTODIAN NAME			
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	CELL OR OTHER PHONE NUMBER	
()	()	()	

ANIMAL NAME	TYPE	AGE	D.O.B.
	<input type="checkbox"/> DOG <input type="checkbox"/> CAT		
PRIMARY COLOR	SECONDARY COLOR	LOS ANGELES COUNTY LICENSE TAG NO.	
PRIMARY BREED	SECONDARY BREED		

MICROCHIP NUMBER	MICROCHIP TYPE
REGISTERED WITH MICROCHIP COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	